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Phthisis Pulmonalis.

1826,

Ch^s Woodward

Consumption.

Philadelphia

Consumption.

#9
Paperd March 23 1826

An
Essay

on
Pneumonia

Charles Woodward

of

Philadelphia.

1826

Papier. Druck 22. 1794

Die
Gemeine

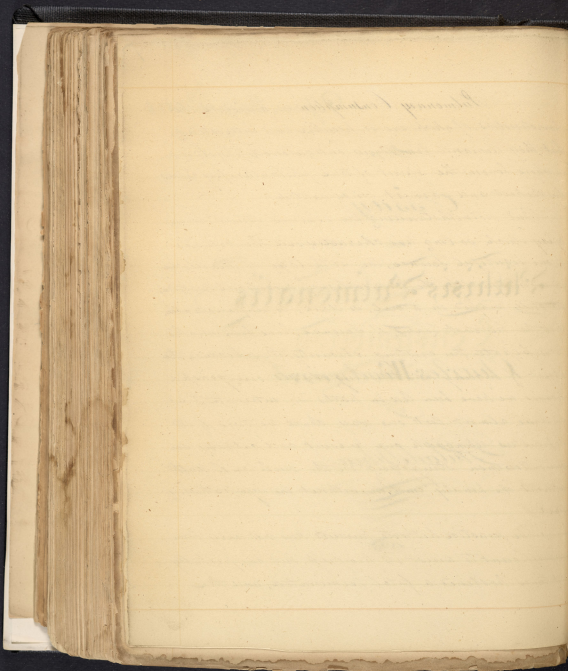
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Pulmonary Consumption is a disease the characteristics of which are so peculiar and interesting, that they demand from every enlightened physician in whose bosom the spirit of true philanthropy rouses the deepest and warmest consideration.

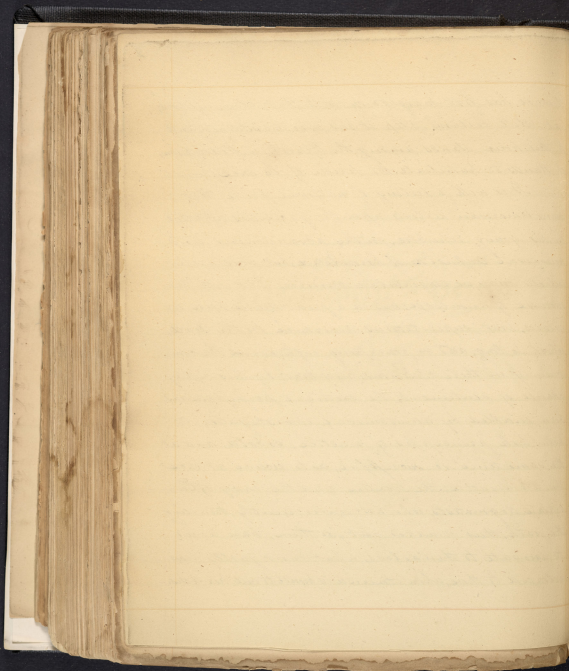
But notwithstanding the zealous spirit of inquiry which, so long has characterised the votaries of our beautiful science, the pathology of this disease and consequently the principles of successful practice, are still wrapped in a veil, or dark, or impenetrable, that the brightest beams of Science, have been unable to dissipate the existing obscurity. But because the object of inquiry has thus long eluded our grasp, because we have been led in paths so intricate that we have almost lost our way, shall we tired of its difficulties relinquish our pursuit, and calmly see our fellow men struggling in the embrace of Death without one kindly emotion, without one sympathizing tear?

The practice hitherto pursued has not only been insufficient to arrest its progress, but has probably at times hastened a fatal termination, and the



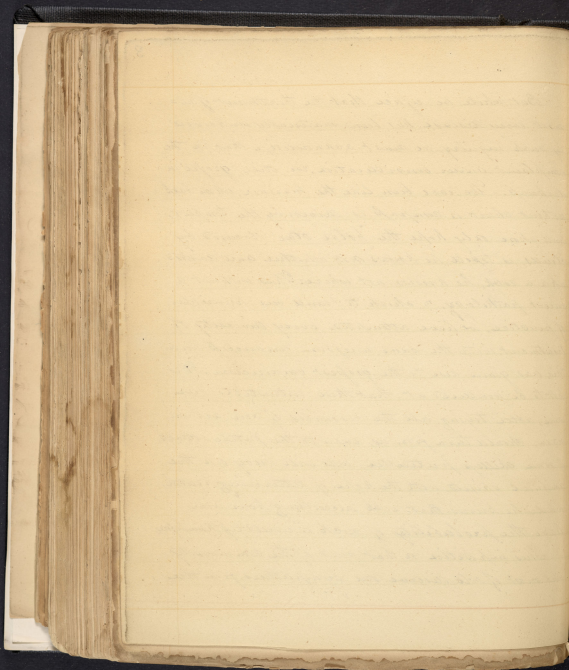
disease has yet marched on, with that slow, insidious, but still certain step it has ever maintained, and to this hour stands among the Opprobria Medicorum. It stands to humiliate the pride of Science. —

It is with a feeling of national pride, that every American reflects upon the facilities afforded in his young republic, for the advancement and universal diffusion of knowledge; but more particularly may be congratulate ourselves that with this increase of knowledge; has in a great degree been removed, that superstitious reverence for the Road, which so long, and so powerfully influenced the community in their opinions; and that by this happy change of sentiment, the medical profession has been enabled by anatomical investigation, to establish principles of practice, as bold, and at the same time so successful, as to receive at once the admiration, the wonder, and the envy of European Dogmatists, who not infrequently travelling the path, thus marked out for them, have dared to arrogate to themselves, what most justly has belonged to those, whom America is proud to call her Sons.



But while we rejoice that the treatment of almost every disease, has been materially improved by such inquiry, we must acknowledge that in the complaint under consideration, we still grope in darkness. - We have been like the mariner, whose bark without chart or compass is driven by the tempest, and whose only hope the "polar star", obscured by clouds, is to tell he knows not whither and dashed upon a rock, he knows not where: Thus without a correct pathology, by which to found our principles of practice, we have attempted every diversity of treatment, with the same uniform success, and this, has given rise to the grossest empiricism. It is not to be wondered at, that those entrusted to our care, after trying all the resources of our art in vain, should turn from us, even to the futile attempts of some skillless pretender, who will buoy up the animal spirits, with the hope of retarding death, while he knows that each succeeding hour will leave the probability of such a result - Lethargy.

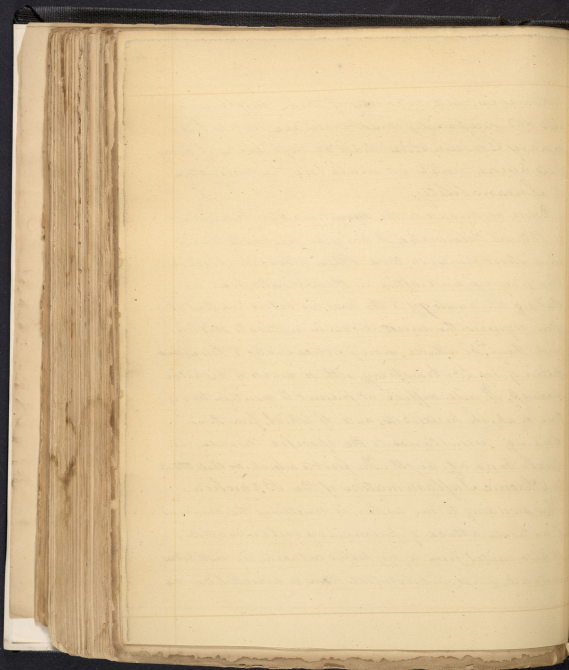
This imposture on that part of the community who most of all deserve our sympathies, from the



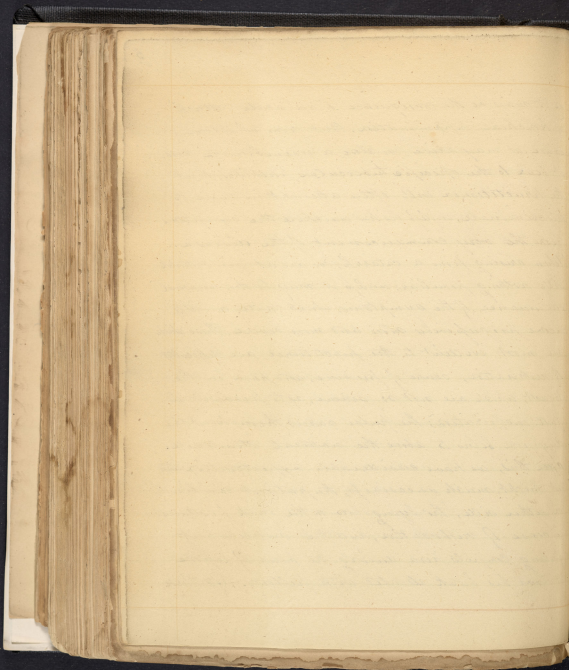
continuance, and intensity of their sufferings: will and necessarily must continue, until Pulmonary Consumption shall be deprived of many of its hours, until it shall lose the character of Insanability.

Before we proceed to the symptoms, and treatment of Pthisis Pulmonalis, it may be proper to dwell, for a short time, on some other diseases, which in their progress, and often in their results, bear so striking an analogy to the disease before us, that it often requires the nicest discrimination to distinguish them. We allude more particularly to those now spoken of by Dr. Armstrong, with so much of his native clearness. It will suffice at present to mention two of those on which he dwells; and of which, from their striking resemblance to the specific disease, he speaks more at length. The first to which we shall attend is, Chronic Inflammation of the Bronchia.

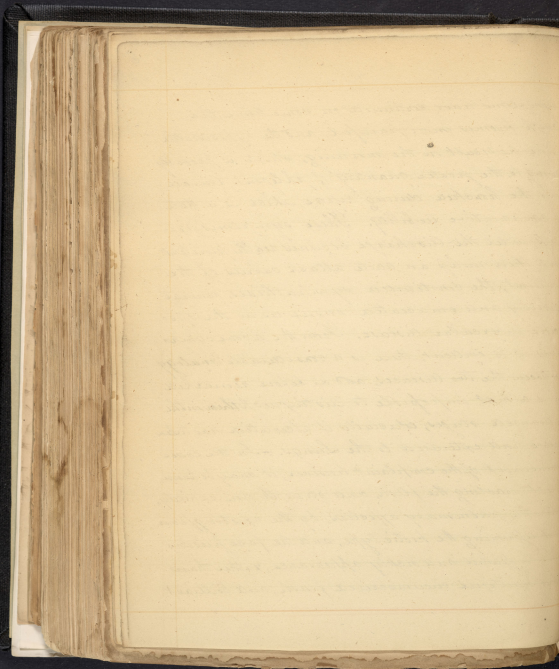
This according to our author, is sometimes the remains of an acute attack of pulmonary inflammation, it also arises from a neglected catarrh, inconstitutions irritated, and debilitated from a variety of causes,



or it may be the consequence of an acute attack
 of bronchial inflammation. But from whatever
 cause it may arise, or else a resemblance does
 it bear to the specific tubercular phthisis, that
 the practitioner will often attempt in vain to
 discriminate, unless he has watched the symptoms
 from the very commencement of the disease.
 When arising from a catarrh, we are at first struck
 with nothing peculiar, and it may be the unusual
 continuance of the symptoms, which after a little
 become progressively more and more severe. Those which
 are most evident to the practitioner, are difficulty
 of respiration, sense of pressure, and pain in the
 breast, which are not so severe, as to prevent a
 full inspiration; the pulse varies throughout the
 day from below to above the natural standard.
 After this, we have considerable expectoration and
 at night, much uneasiness, the patient can lie
 on either side, the lying low on the back produces
 a sense of suffocation, and this unpleasant
 feeling compels him during the hours of repose
 to have his back elevated with pillows. After these

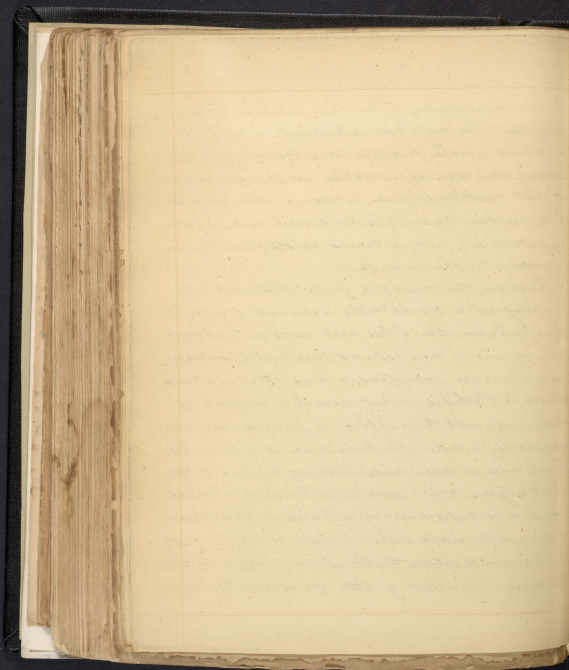


symptoms have continued for some time, the
 cough becomes more painful, and the expectoration
 more difficult in the morning, which is probably
 owing to the greater quantity of phlegm poured
 into the bronchia during repose, which is a state
 of comparative debility. These symptoms pro-
 gress, until the discharge becomes really purulent
 and then unless an acute attack carries off the
 patient, the constitution sympathises, general
 debility, and emaciation ensue as in the spe-
 cific tubercular disease. From the above sym-
 ptoms it is evident, there is a considerable analogy
 between the two diseases, and as before remarked
 it is almost impossible to distinguish them in the
 advanced stages, especially if ulceration has taken
 place and extended to the Lungs. — In the com-
 mencement of the complaint however, it may be known,
 by its wasting the flesh, and strength more rapidly,
 than the pulmonary affection; by the existing fear
 not assuming the hectic type, and the face presen-
 ting a pallid and sickly appearance, rather than
 that beautiful circumscribed flush, and brilliant



eye so characteristic of the fever peculiar to Consumption. The cough also is different, in the last mentioned disease, from the very beginning it is tickling and dry; expectoration not being among its first symptoms, while in chronic inflammation of the bronchæ, the cough is hard and deep, and an expectoration of pus or mucus exists from the commencement of the disease. -

These are the principal facts, which constitute our diagnostic marks, in the primary stages, but when inflammation of this part, runs on to ulceration, we have a more copious purulent discharge and in all the symptoms, a more striking resemblance to Phthisis, so that now, it is infinitely more difficult than before, to form a correct diagnosis. A more oppressive pain is felt in the breast, and a fever approaching nearer to the hectic type, night sweats, respiration laborious and a more rapid decay of animal structure. Here we justly should suppose it would be vain to attempt to discriminate between the two affections, and indeed at this crisis, it would be of little consequence to know,

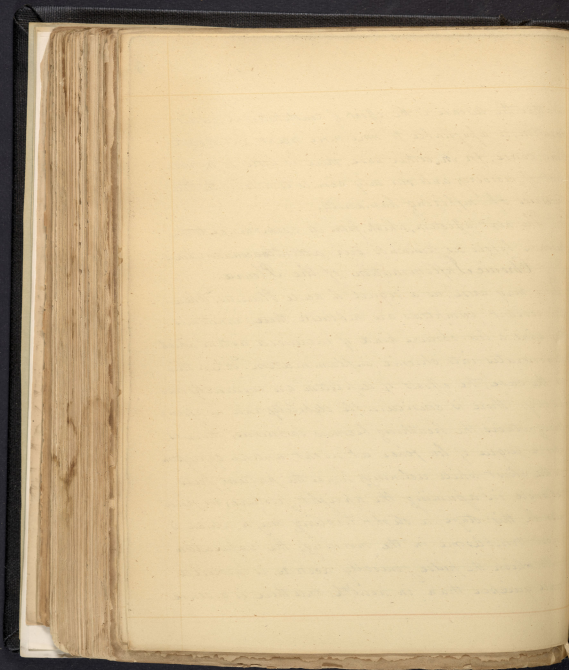


whether the disease is the effect of constitutional predisposition, or assignable to some more recent and adventitious cause, for in either case, there is little or no prospect of recovery, and our only aim, is to alleviate the miseries of suffering humanity.

The next affection, which, from its resemblance to the disease before us, demands our attention, is

Chronic Inflammation of the Pleura.

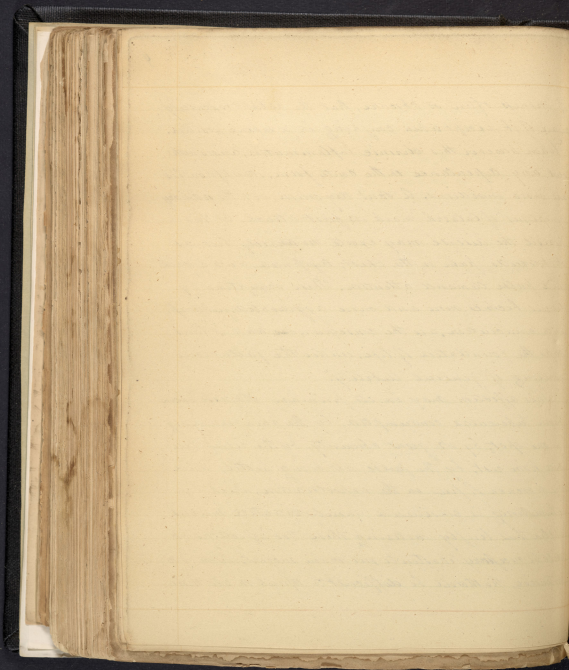
This may arise, as a sequel of acute Pleurisy. When the recent symptoms are subsided, there sometimes remains, a less obvious kind of increased action, which degenerates into chronic inflammation. When this is the case, the effects of depletion are evidently unhappy; there is considerable debility, and in a recumbent state the breathing becomes laborious; there is also a degree of the fever at night, and an oppression on the Chest while reclining; hence the patient feels relieved in assuming the upright posture; we find also in this stage, a slight tickling cough, which is most troublesome in the morning; the respiration with which the pulse generally accords, is laboured and quicker than in health; and there is a sense



of sneezes often so obscure, that the patient is scarcely aware of it, except when coughing in a supine position.

When however this chronic inflammation, arises without any appearance in the acute form, its approaches are more insidious. A short dry cough, with the ordinary symptoms of Catarrh mark its first attack. At this period the disease may excite no anxiety, but as it proceeds, pain in the Chest, dyspnoea, and a quickened pulse demand attention. These symptoms by degrees become more and more aggravated, febrile, and emaciation, are the consequences, and it thus saps the foundation of life, under the fallacious covering of general debility."

This affection may in its primary stages be known from tubercular consumption, by the pain continuing in one spot, by its great obscurity, by the relief derived from rest, by the pulse not being hectic, and by absence of pus in the expectoration, which by dissection is considered merely irritate mucus. After thus briefly noticing these two affections, it will be necessary to hasten to our main subject, which is so extensive, that it will be difficult to speak in all those

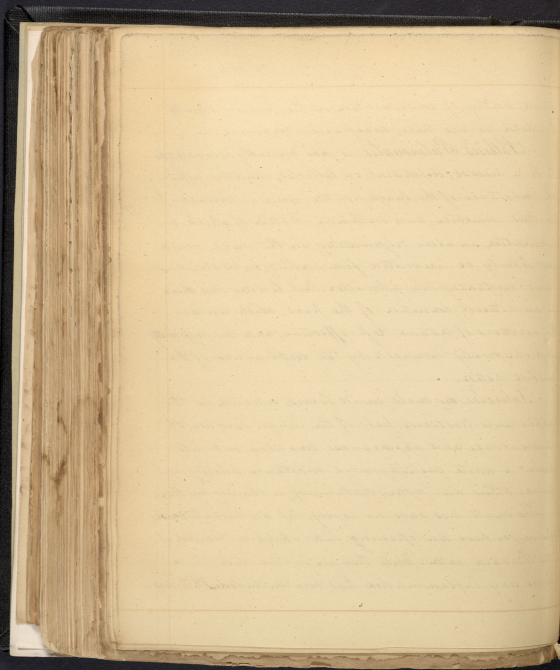


points, worthy of consideration; in the narrow limits to which we are here, necessarily confined. -

Phthisis Pulmonalis, is now generally acknowledged to be a disease; dependent on tubercles, situated within the substance of the lungs, from the peculiar parenchymatous structure, and continual motion of which, in inspiration, an ulcer originating in the part, would necessarily be prevented from healing, by its exulceration being constantly then a spurder. But hence this, there is an altered condition of the part, which renders the exertions of nature less effective, and this difficulty is progressively increased, by the continuance of the tubercle action.

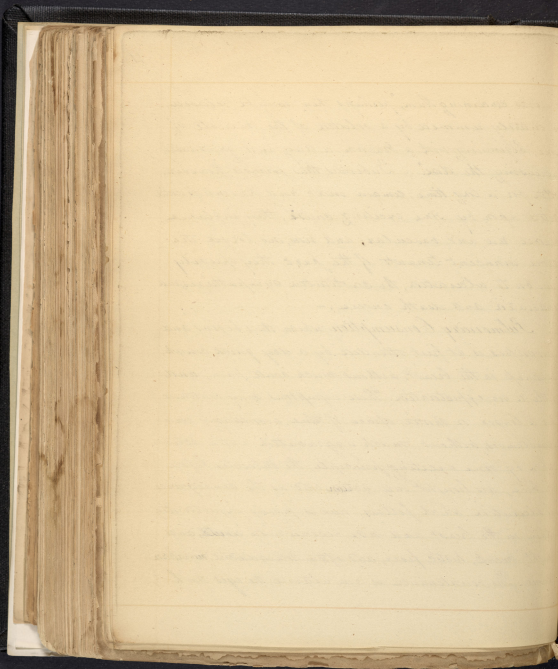
Tubercles, are small round bodies, situated in the upper and posterior part of the lungs. They are of different size and appearance: some when cut into exhibit a white cartilaginous substance, wholly inorganic; others are softer, containing a cheesy matter.

The small ones have no cavity, but are hard and dense; the larger have an opening, into which a branch of the Trachea enters. While they are in this state, and before any inflammation has been induced, P. Thomas



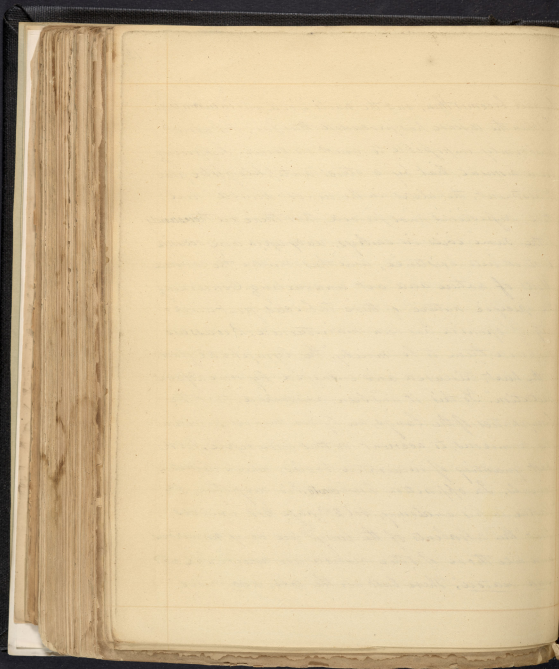
remarks concerning them, perhaps they may be relieved, or entirely removed by a solution of the muriate of lime, beginning with a grain a day, and gradually increasing the dose. Tubercles thus formed however, often for a long time, remain inert and harmless until acted upon by some exciting cause, they inflame become red and vascular, and now, no longer the same innocent tenants of the part, they speedily run on to ulceration, the constitution sympathises, and emaciation and death ensue. -

Pulmonary Consumption which thus begins and progresses, is at first attended by a dry, quick cough, weakness in the breast, without much acute pain, and little or no expectoration. These symptoms may continue, for a longer or shorter space of time, according to circumstances, without much aggravation, until acted upon by some exciting principle, the tubercles before spoken of, are brought into action and as the consequence of ulceration which follows, pus is freely expectorated pain in the breast and side becomes more acute, and night sweats, hectic fever, and often Colliquative diarrhoea ensue. The countenance is now altered, the eyes sunk

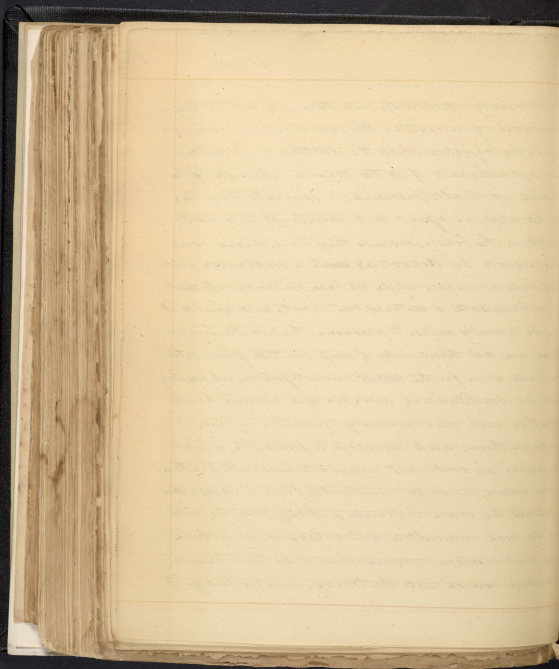


the hair becomes thin, and the nails livid and incurved.

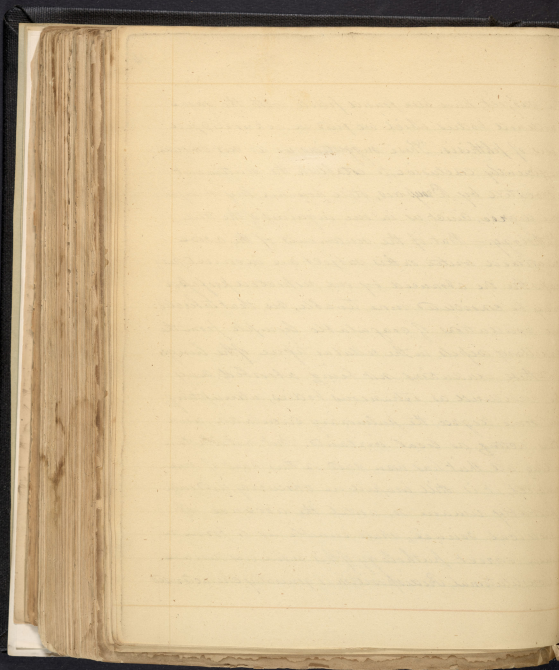
When the disease has proceeded thus far, it is almost uniformly impossible to arrest its career. Supposing for a moment, that by a strict antiphlogistic plan of treatment, the alveoli in the lungs should heal, still, experience has proved, that there are thousands of the same virus in embryos, ready upon any occasion to start into existence, and thus render the combined efforts of nature and art unavailing. Concerning the specific nature of these tubercles, great diversity of opinion has been maintained; Broussais supposed them to be merely, "the lymphatic glands of the part; increased and enlarged by some adjacent irritation." To this it has been answered, that the lymphatics of the lungs, are by no means sufficiently numerous, to account on this principle, for the vast quantity of indurated bodies, which dissection reveals. In opposition however to this suggestion, Dr. Whistler in his anatomy, vol 2^d page 382. remarks that "the absorbents of the lungs are very numerous, and like those of other viscera, are superficial and deep seated;" These last are the ones, *non* mine



particularly spoken of, and these, are not easily
 ascertained by dissection. This fact has probably given
 rise to the objection which the doctrine of Brown's
 has met with, and if on the ground assumed by the
 objector, we should presume, is densely tenable,
 would any one assert that absorbents did not
 exist in the brain, because they have never been
 discovered by dissecting such a conclusion would
 certainly be unfair, while we have evidence sufficient
 to substantiate a contrary sentiment; and would it
 not be equally unfair to presume, that in the lungs
 there are not thousands of deep seated plain & too
 minute even for the closest investigation, which only
 require constitutional disorder of a certain kind,
 together with some readily operative agent, to
 enlarge them, and develop a principle, which
 a priori we could not conceive to have existed in them.
 But again, do we not constantly find in Scrophulous
 patients, the chain of glands passing down the side
 of the neck, inflamed and enlarged, and these
 in post mortem examinations, have been traced
 in their course into the thorax, and the lungs of

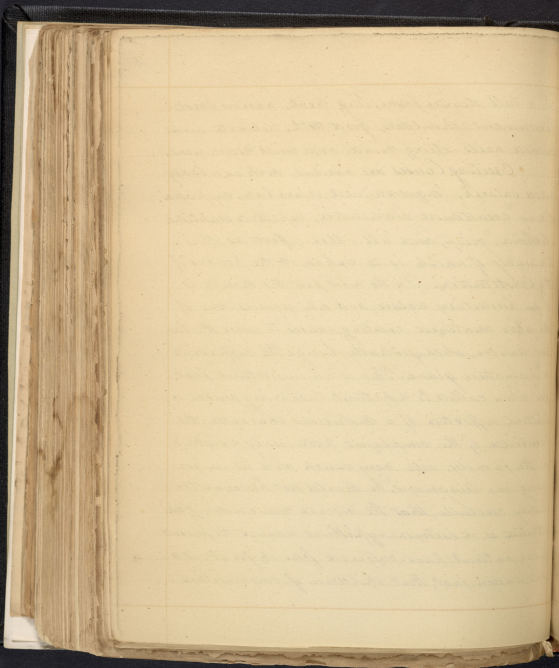


the subject, have been found filled with the same
hurdled bodies, which we find in acknowledged
cases of phthisis. These suggestions we do not consider
sufficiently conclusive, to establish the sentiment
advocated by Broussais, still however, they may in
some degree, assist us in our inquiries of the true
Pathology. — But if the sentiments of the above
mentioned writer on this subject are incorrect per-
haps the one advanced by our respected professor
may be considered more tenable, viz that tubercles
are exudations of coagulable lymph from the
capillary vessels, in the cellular tissue of the lungs,
and these exudations not being absorbed, may
be considered as extraneous bodies, interrupting
in some degree the pulmonary circulation, and
thus acting as local irritants. But notwithstanding
all that has been said on this part of our
subject, it is still wrapped in obscurity, and will
probably remain so, until the advance of
medical science, shall enable us to form a
more correct pathology of this insidious disease.
Constitutional Predisposition is generally characterized



by a tall slender form, long neck, narrow chest, prominent shoulders, good teeth, delicate and curved nails, strong mind, and quick discernment.

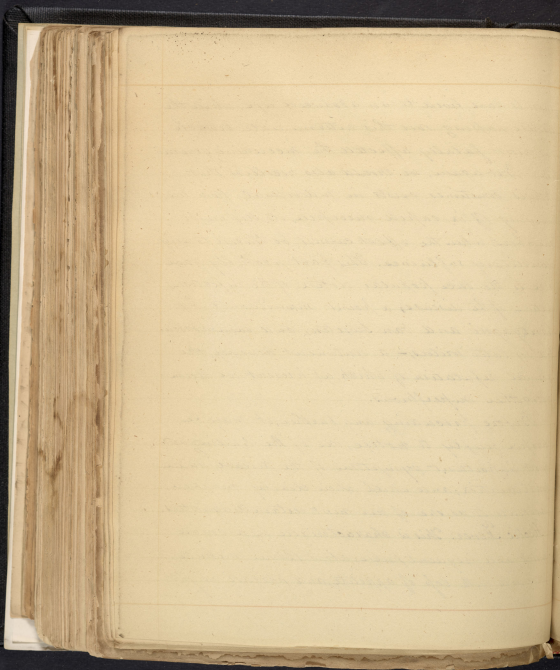
Exciting Causes are various, such as, a badly cured cataract, long continued diarrhoea, suppression of any accustomed evacuation, repellent eruptions, Asthma, grief, and all other affections the tendency of which is to exhaust the powers of the Constitution. For the most part this disease is of an hereditary nature, and only requires some of the above mentioned exciting causes, to rouse the latent danger, which generally brings the sufferer to a premature grave. This is an important fact, for when called to a patient labouring under a pectoral affection of a suspicious character, the knowledge of the complaint previously existing in the family, will very much aid us in forming our diagnosis. We should not however too hastily conclude, that the disease demanding our attention is a pulmonary phthisis, because the parents of our patient have suffered from it, for it is a well known fact, that children of consumptive



parents have lived to an advanced age, while the disease passing over this intermediate branch has not fatally affected the succeeding generation. But again, we should also recollect that *Mitridis* sometimes exists in individual families, carrying off in rapid succession, its different members, when the effect cannot be traced to any hereditary influence. This fact probably gave rise to the once popular notion, of the infectious nature of the disease, a point maintained by Montagni and Van Swieten; and even advocated by later writers;—a sentiment however, the formal reputation of which, at present we deem altogether superfluous.

Before proceeding any further, it may be proper briefly to notice, one of the leading and most important symptoms of the disease under consideration; and which when clearly marked, presents to us one of our most certain diagnostics.

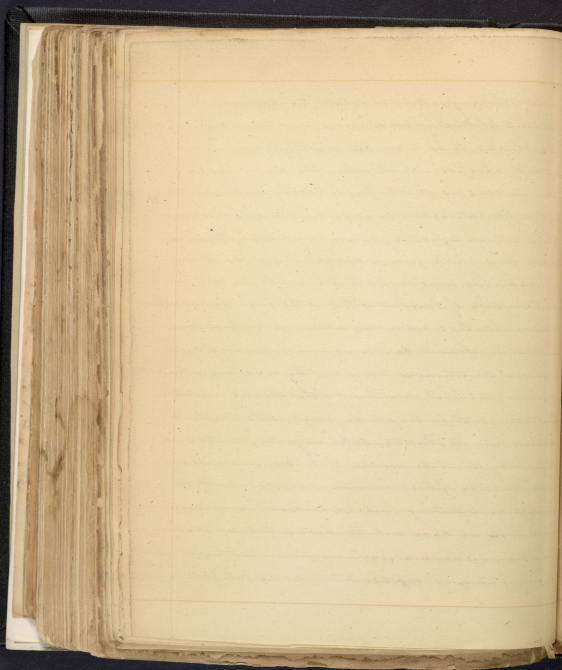
Febrile Fever. This is characterized by a small quick and frequent pulse, about 120 per minute, attended with loss of appetite, and profuse night



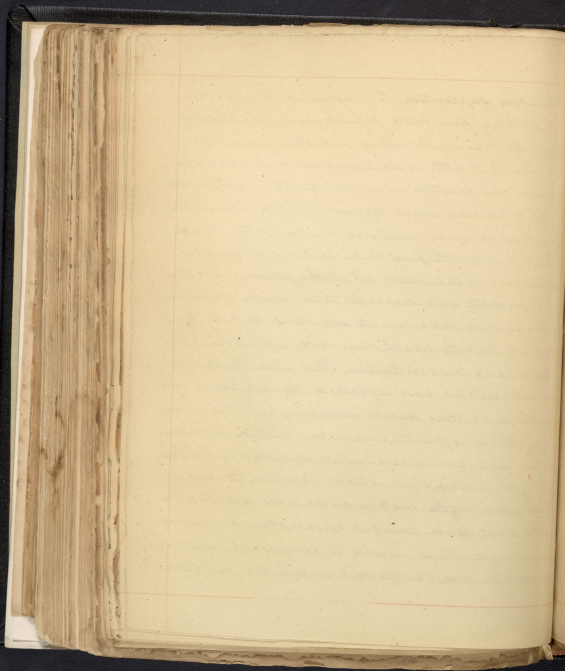
swabs, which greatly debilitate the patient.

Hectic abstractly considered, was thought by Mr Hunter, to be a "remote constitutional sympathetic affection," which when the consequence of local disease, is mostly preceded by inflammation and suppuration; and here the constitutional sympathizes with an affection, of which it cannot relieve itself, and which from a variety of causes it cannot cure. By some hectic has been attributed to an absorption of Pus, but if this is the fact, we cannot conceive, how those extensive ulcers, with which our Hospitals abound, can remain for months, and years, in constitutions worn out by excesses, without producing at least something of this specific irritation. But what is still more to the point, is the truth remarked by Mr Hunter, "altho' says he, 'matter is often formed on the inside of the veins in cases of inflammation of their cavities, and this matter cannot pass getting into the circulation, yet in these cases, we have not the hectic disposition, but only the inflammation, and even death.'"

¹⁰⁹ This of itself is sufficient to prove the fallacy.

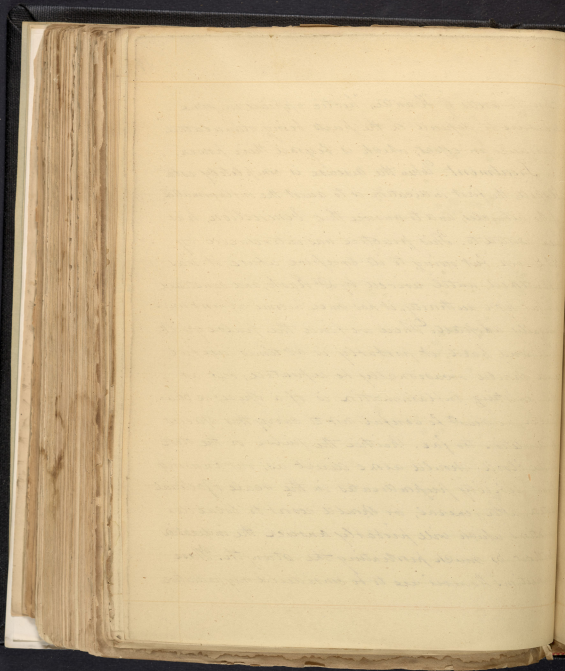


of the above supposition. But again, if as suggested, this species of force, could possibly arise from absorption alone, the lymphatics acting with their usual energy; it would be of little or no consequence, whether the disease were located in a part, vital or not. As soon as the offending cause arrives at the circulation the effect, in every instance, would be the same; but this is not the fact, on the contrary, ulcerations in or near vital parts, affect the general system more quickly and severely, than would similar affections in more remote situations: hence it is evident, that the effect produced, is more properly attributed to local irritation. Thus when the lungs are tuberculated and inflamed, constitutional sympathy is in some degree induced, but when ulceration ensues, a partial disorganization has taken place, and an impediment necessarily follows to the free action of functions essential to life. Thus situated, the system undertakes a restoration of the part, which owing to circumstances already mentioned, she is unable to accomplish, and then, but not till then, does she sink under hectic irritation.



In the words of Hunter, " hectic appears in some measure to depend on the parts being stimulated to produce an effect, which is beyond their power".

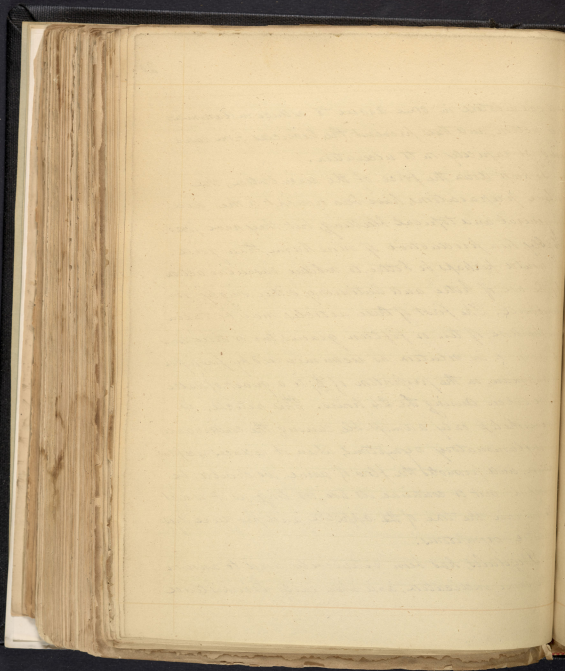
Treatment. When the disease is completely established, the first indication is to arrest the inflammation of the tubercles, and to answer this, Venesection, has been resorted to. This practice was introduced by Dr Doer, but owing to its excessive abuse, it was abandoned, until revived by Dr Rush, and sanctioned by his high authority, it has since become almost universally adopted. Where we find the pulse quick, full, and hard, it probably is at times useful and should occasionally be repeated; but as the existing inflammation is of a specific character, we must be careful not to carry this species of depletion too far. Neither the pulse or the state of the blood should alarm us; but knowing that debility prepotentiates in the scale of arterial action, after general, we should resort to local depletions, which will probably answer the indication without so much prostrating the strength. These depletions however are to be considered only palliative.



and calculatell in some degree to reduce inflammas-
tory action, and thus prevent the tubercles from run-
ning, so rapidly on to ulceration.

To keep down the force of the circulation, the
saline preparations, have been brought to the aid
of general and topical bleeding, but they have pro-
bably, been productive of more harm, than good.
It would perhaps be better, to moderate vascular action,
by the use of Nitre and Antimony, either singly or
combined. The first of these articles may be taken
in the dose, of ten or fifteen grains, two or three times
a day: it is in solution as recommended by Joseph
Chapman, in the proportion of ℥j to a quart of water
to be taken during the 24 hours. This article, is
nevertheless only admissible during the continuance
of inflammatory symptoms, when it reduces exaspe-
riated action, and promotes the flow of urine. We should be
careful not to continue its use too long as it is apt
to impair the tone of the appetite, and produce dys-
peptic symptoms.

Digitalis, has been extensively used to answer
the same indication, and when early administered



was thought sometimes to have manifested valuable properties. The article has now lost much of its former credit, and is given, with prospect of a advantage only in the incipient stages, where from debility the lancet cannot be used, tho we have a slight hæmoptysis, small quick pulse, imperfect inspiration and a hard dry cough; and even here there is certainty of a beneficial operation. Like Puffic acid, Mes-
-cury and many other articles, claimed formerly, almost specific in this disease, it has sunk to neglect, and now, only adds another, to the long list of drugs, which in vain, have been tried to effect the cure of Phthisis.

Emetics, of late years, have occasionally been judiciously in the incipient stage. Tartarized Antimony, Ipecacuanha, and a sulphate of copper have successively been employed, tho the last mentioned has possessed more general confidence. This class of remedies, when properly administered, has at times given transient relief. Acting on the principle of a sea sickness, they in some degree subdue arterial action, facilitate expectoration, loosen dyspnoea remove constriction, and calm the general system.

Counter Irritation, is also considered of great advantage in this stage. Setons Issues and Blisters, have in their turns been used, those last mentioned are perhaps preferable, and to produce any good effect, should be long continued.

Diet. Milk and vegetables have been highly recommended by authors, and as a general principle, it may be well to adhere to this practice, but still there are exceptions. When for instance the patient from peculiarity of constitution, finds that animal food, and even wine can be taken without aggravation of his symptoms, we should listen to the voice of nature, and grant almost the only earthly comfort he can enjoy. But these exceptions do not affect general principles, and agreeably to these, the diet should be light and nutritious. Lichen Islandicus, or Iceland Moss, I have seen advantageously administered in decoction. It consists principally of a nutritious substance combined with a bitter, and in the combination of these, its medical virtues probably depend. It is said to open night sweats, and if so, it is cer-

† How should this doctrine be improved?

tainly of the greatest importance. But even if its exhibition affords us such happy results, as the indication in the inflammatory stage, is to reduce vascular action, every thing having a tendency to excite the system, should be avoided, and articles of this description, the nourishment of which is light and digestible, should be chosen. It may be given in milk after the bitter principle has been removed by infusion in hot water. — In relation to diet, Dr. Rush has made a practical remark, which is worthy of attention, viz that in every case, it will be better to eat four or five rather than two or three meals a day, a depotimus is thus communicated to the system, and a smaller portion of Chyle, mixed with the blood in a given time. This remark he considered as truly important, that he rarely proceeded, for a chronic disease without enforcing it.

Febrile Fever. When in progress of time this stage has been induced, the first indication is to abate the hectic irritation, and this, when dependent on ulceration of the lungs, we must endeavour to remove by an attempt to heal the offending cause. To this effect a

+ how administered?

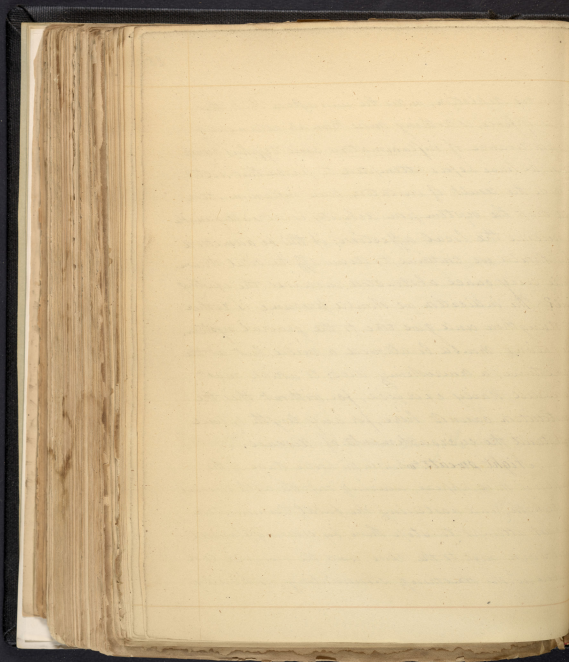
great diversity of practice has been instituted. - Some presuming in the analogy, between these and venereal ulcers, have tried Opium, cicuta, sarcaparilla, guaiacum and a host of other articles without success. The ancient practice of vapour inhalations has also been resorted to answer the same indication. - This may properly allude local irritation, and palliate the more immediately distressing symptoms, which we fear is the only benefit to be anticipated from the process. Those articles which have been most in vogue, are the turbinthinate preparations, sulphuric and mercurial vapours, ether, and tar. The preparation most highly recommended by Professor Chapman is the balsam of tolu, or an Ez of which, a pint of boiling water is to be poured. From the fact, that consumptions are of comparatively rare occurrence in Cedar and Pine countries, fumigations of tar have been proposed, and from the practice Dr. Crichton of Petersburg, is said by Dr. Thomas to have seen great benefit result, that it healed ulcers and induced inflammation of the tubercles.

Dr. Rush in the hectic stage of Phthisis warmly

† would he recommend exercise during the febrile state?

advocates depletion, under the impression that this species of fever, is nothing more than an alternating preponderance of inflammatory and typhus symptoms. We have before attempted to prove that hectic, is more the result of imitation, than inflammation, and that the system from debility, is already unable to overcome the local affection; if this be admitted why should we continue, to draw off the vital stream, while every ounce abstracted increases the existing evil? The indication we should presume is rather to strengthen and give tone to the general system. The patient, should be allowed a mild, but at the same time, a nourishing diet; to which must be added daily exercise, for without this, the constitution cannot here, for any length of time withstand the encroachments of disease. †

Sight sweats. when in the hectic stage of the complaint, these appear, wearing out the little remnant of strength, and hastening the fatal termination, we must attempt to stop them, by ordering flannel to be worn next to the skin, and the surface to be rubbed with something stimulating, as brandy



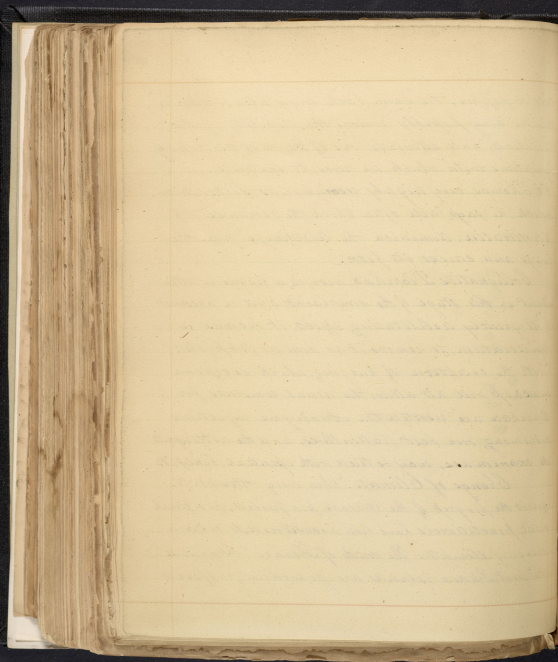
salt or pepper, the warm bath may also be added, thus we may possibly remove the irritability of the exhalants, and alleviate one of the most distressing symptoms, with which we have to contend.

Dr. Thomas very highly recommends Seltzer-water, which he says, "will often check the violence of perspiration, diminish the discharge from the lungs, and correct its fetor".

Colligative Diarrhoea, also, is a frequent attendant on this stage of the complaint, and on account of its greatly debilitating effects, it becomes a desideratum, to remove it as soon as possible.

With the exception of purging, which excessive weakness will not allow, the usual remedies for diarrhoea are resorted to. Anodyne injections are among our best palliatives, and the astringents in common use, may be tried with essential benefit.

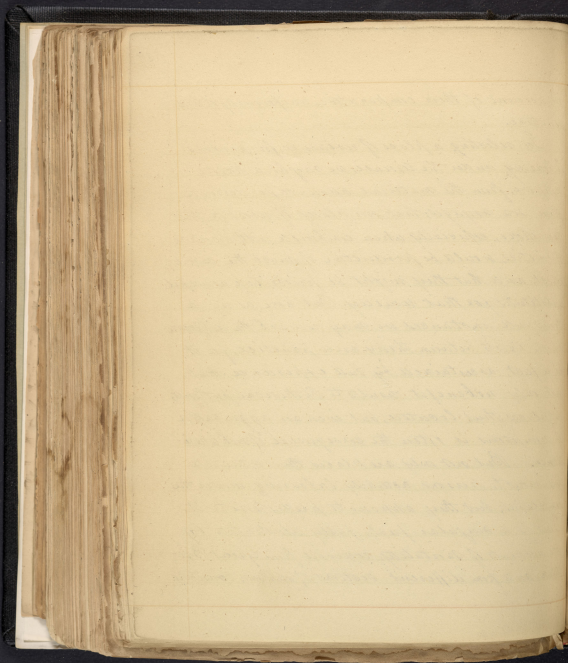
Change of Climate. When every attempt to arrest the progress of the disease has failed, as a final resort, practitioners have been accustomed to order a change of climate. The south of France, Spain, or the West India islands are generally preferred



on account of their comparative, uniformity of temperature.

In selecting a place of residence for persons labouring under the disease, we might a priori suppose, from the material advantage derived from sea voyages, that our places of resort on the sea shore, especially when combined with a course of emetics, would be productive of much the same effect, and that they might be prescribed as a useful substitute for that remedy. But here, as in a thousand instances, we may remark the difference which exists between theory and practice, for it is a fact, ascertained by our experience, that, not only no benefit results to Phthisical patients, in places thus located, but even an aggravation of symptoms is often the consequence of such a residence. But not only are places thus situated injurious to persons actually labouring under the complaint, but they appear to predispose to it.

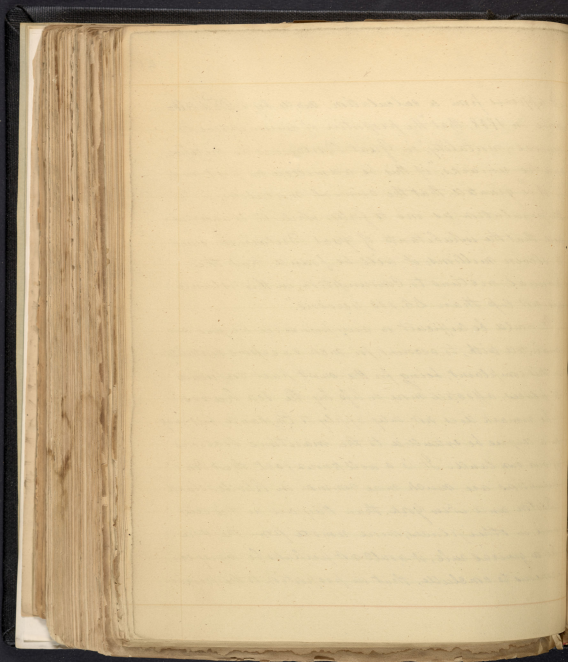
This is a singular fact, fully illustrated by the accounts of mortality, received from Great Britain, and from different sections of our own country.



It appears from a calculation, made by a Dr. Woolcombe in 1808, that "the proportion of consumption to general mortality," in Great Britain is as, one to five, and he remarks, "if this be admitted as just, and if it be granted, that the annual mortality, is to the population as one to forty; while it is ascertained that the inhabitants of Great Britain, amount to eleven millions; it will be found, that the annual victims to Consumption, in this island are not less than 55,000 persons."

It would be difficult on any principle we are acquainted with, to account, for such excessive mortality in this complaint, being for the most part confined to places, affected more or less by the sea breezes.

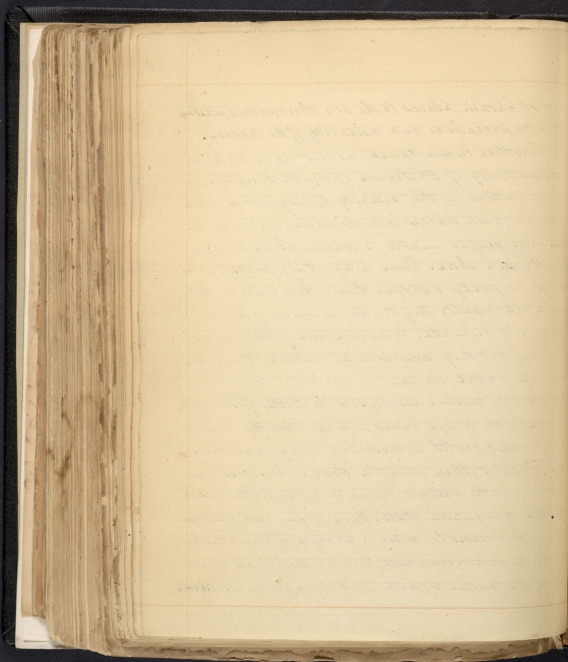
The remark does not only apply to England, but may in a degree be extended to the maritime sections of our own land. It is a well known fact, that Consumption are much more common in Rhode Island Boston and New York, than they are in this city and in other places, more remote from the sea. As a general rule, it would not perhaps be very erroneous to conclude, that in proportion to the propo-



mity of certain places to the sea shore (ceteris paribus) such is the prevalence and mortality of the disease.

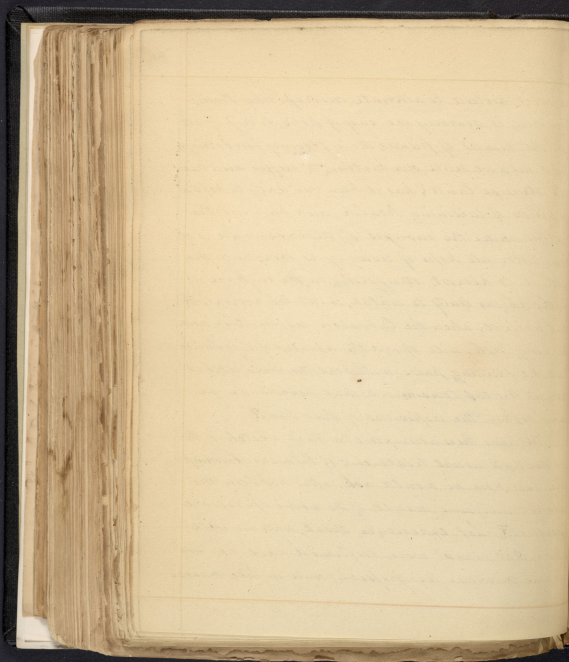
Another circumstance, mentioned by Dr. Rush is the authority of Dr. Irvine of South Carolina, is that situations in the vicinity of any place, where salt and fresh waters mingle their streams, are even more unfavourable to consumptive patients than the sea shore. These interesting facts, tho' we cannot properly explain them, still lead to this practical result; they teach us, when advising a change of climate, to avoid all such places, knowing that they accelerate rather than prevent the fatal issue.

After the disease has passed on to the last stage, and the torch of life burns dimly, when the prospect of returning health is becoming every day, more and ^{more} distant, then, when the flock of uneasiness has failed, and the patient begins to anticipate all the realities of a future state, then, it has been the practice of physicians to order a change of climate. But it should be remembered, that at this period of all others, the tender regard, and sympathies of friends



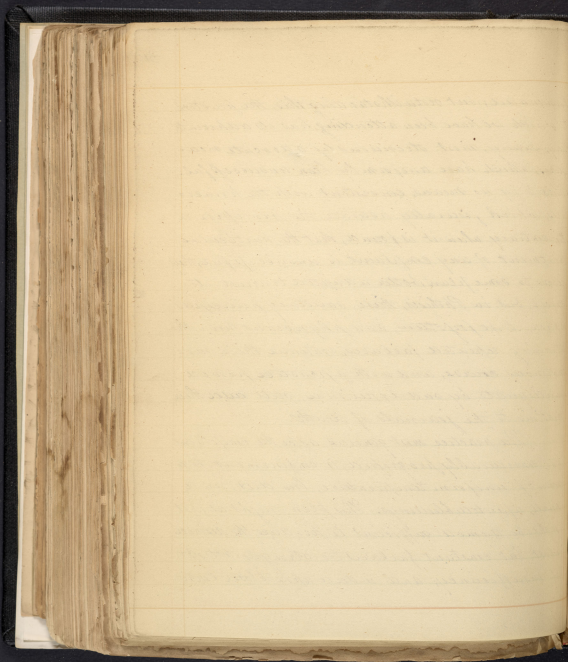
are most needed, to alleviate distress. Why then, when there is scarcely one ray of hope, to dissipate from the minds of friends, their gloomy forebodings, why should we send our victims, to suffer and die in a strange land? has it been our duty to soften the pillow of waning health, and support the system under the ravages of disease; and is it now, after all hope of recovery is over, and the patient is almost struggling in the embrace of death, left our duty to watch, until the arrival of that period, when the laboured respiration, and heaving sigh, will speak the agonies of dissolution, and the fainting pulse, will beat the fatal retreat from its mortal tenement; that perchance we may soften, the asperities of that hour?

We have thus attempted a brief sketch of the nature and usual treatment of Pulmonary Consumption, and now we would ask, what has been the almost uniform result, of the above specific practice? Let experience speak, and we will learn, that almost every confirmed case, has been in like manner progressive; and in like manner



terminable; but notwithstanding this, the practice to which we have been attending, has its adherents, nay, many, most strenuously advocate measures, which have uniformly been unsuccessful. This is by no means consistent with the principles, which generally actuate the physician; on the contrary, when it is found, that the particular treatment of any complaint is unsuccessful, they resort to some plan, better adapted to arrest its career, but in Pthisis, these salutary principles appear to be forgotten, and physicians notwithstanding repeated failures, continue their monotonous course, and with a practice proved inadequate by sad experience, still add their victims to the journals of Quæter.

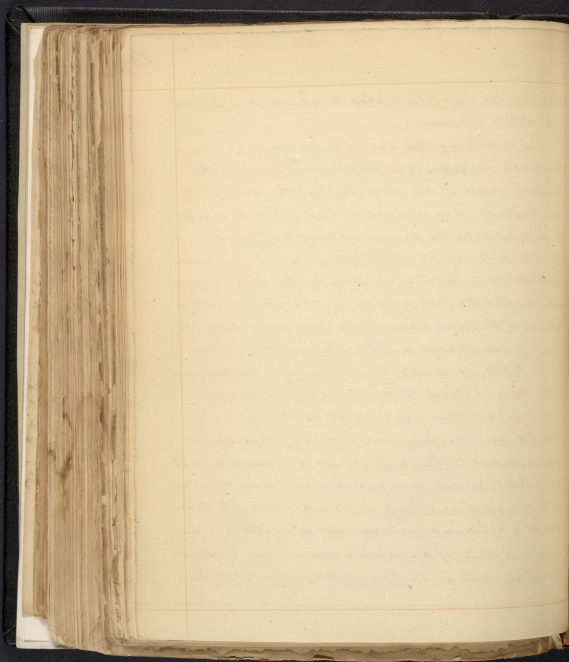
The practice most general after the complaint has considerably progressed, is confinement to a room of uniform temperature, low diet, and small, repeated bleedings. This plan might at first sight, be deemed sufficient to produce the desired effect, but constant failures too strongly attest its insufficiency; and induce upon closer consi-



deration, the very principles, on which it is founded appear to be questionable.

In examining, this part of the subject, we may reasonably suppose, that confinement has been the exciting cause of the disease; that the constitution has suffered, from a want of that exercise, which is necessary for the proper discharge of functions essential to health. This being the case in persons predisposed to pulmonary disease, the debility induced, enables the lurking foe, to spring into active life; and the great advantage thus gained by it, must be counteracted. Here the question arises, how is this to be done? must it be, by a continuance of the very policy, through which our enemy has gained this advantage? certainly not.

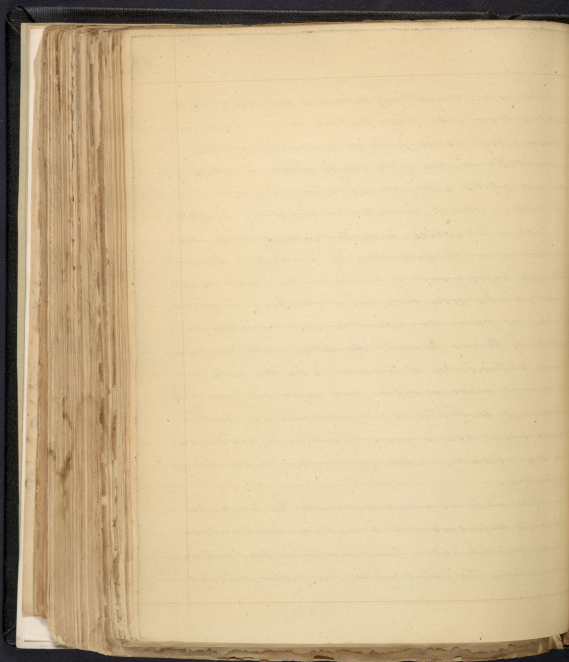
Should we take any individual, whose close confinement to business, (owing to a constitutional predisposition,) has induced a pulmonary affection, and by way of arresting inflammation of the trachea, and obtaining unpleasant symptoms, place him in a state of confinement, even more rigorous than that, which probably at first induced the very



disease we are combatting, enforce a low diet, and deplete day after day, that we may induce inflammatory action, and as much as possible prevent the motion of the lungs, which in spite of all our efforts, will continue uninterrupted, until the vital spark, is extinguished in death?

Such a practice, notwithstanding its universality, is not sanctioned by success. A man in the full enjoyment of health, under such treatment, would soon find his pulse becoming irritable, his frame emaciated, and finally a state of things almost identical with pulmonary phthisis. Now if this would be the case, in a subject, whose system had suffered from no previous debility, it is presumable, that the same effect, would more speedily be produced in one already labouring under pulmonary affection.

But while we would ascribe the practice of rigid confinement, to a uniform temperature, which doubtless has a tendency to hasten, rather than retard the fatal issue, the patient being

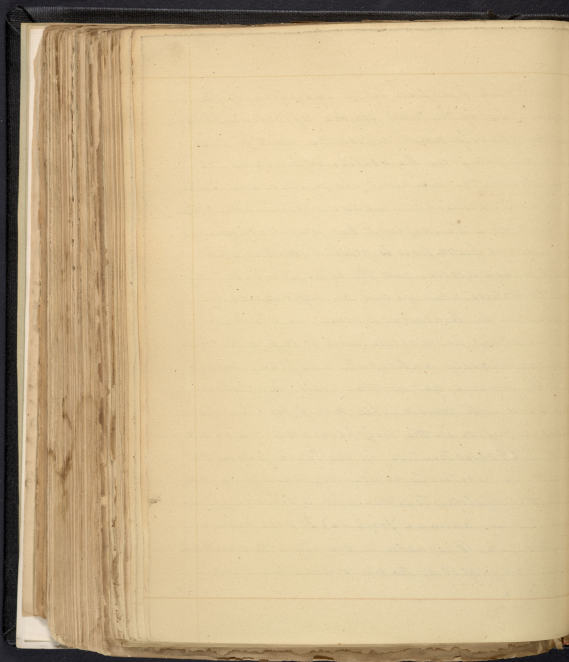


now, not only harassed by the symptoms of the complaint, but by the most sombre reflections, which ~~must~~ necessarily must affect the mind of one thus expelled from the world; or would at the same time, in the incipient stage, bleed and blister it as more expedient, to subdue inflammatory action.

But when the complaint has somewhat abated, and perhaps hectic fever is present, even this plan should be laid aside, and the reins almost entirely given to nature, when we can no longer direct her course. Even this treatment however, in common with all others, has failed more or less, so that from it, we can scarcely anticipate any future success.

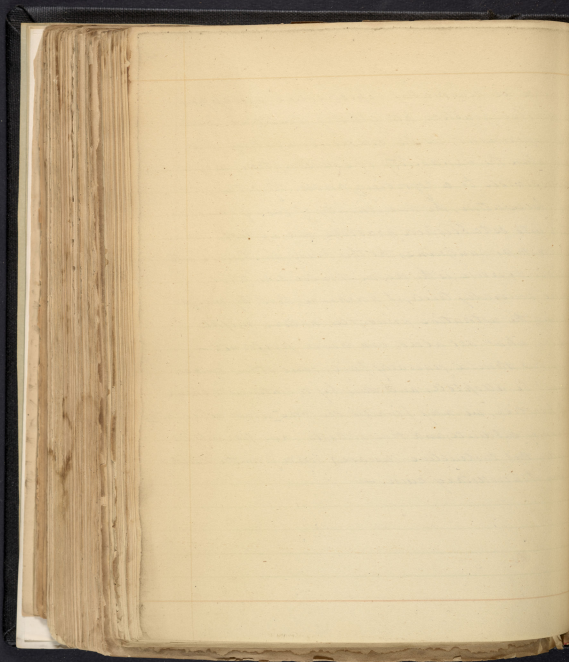
There remains yet another plan, suggested and tried, with considerable success by Charles Pears, a surgeon in the neighbourhood of London.

Out of 24 cases treated on the tonic plan (that is, the better regulated principles, forming the base of all prescriptions, together with a liberal allowance of wine, animal food &c.) 21 were permanently cured; 10 refused to comply with any treatment; and only 10 of the whole number died.



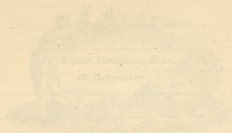
Could we reasonably expect equal success from a similar practice, how gladly would we hail the experiment, as the commencement of an era, when the sanability of Consumption, might be declared to a rejoicing world. But taught by observation, the uncertainty of every innovation into established practice, our expectations are not so sanguine; for this plan, combined with ample exercise, is the one, we should like to see more generally tried, if perchance, that by investigating the restorative principle, nature might effect, what art alone, can never perform. —

If this should generally fail, some other course must be adopted, and thus, by a continued change of practice, we may finally see our invincible ritual enemy subdued; and thousands, (on whose parents, has fallen this destructive disease) freed from the slavish fear of hereditary ruin. —



NOTES

PULMONARY CONSUMPTION.



Altogether, according to the
Quod hoc genus est, et in praxi
Hoc, Hoc, et in praxi

Philadelphia

1826

